

## **Revisions to DD Manual June 2002**

### **Table of Contents**

- Replace entire Table of Contents

### **Section 3**

- Page 1, - Revised to remove "routine" and "non-routine" from LOC reassessment.

### **Section 4**

- Page 2 - Add "Driver" as a service under Community Habilitation and Participation
- Page 3 - Add Community Educational/Therapeutic Activities (CETA)
- Page 3 - Add respite care restriction.
- Page 6 - revised "activities allowed" and "activities not allowed" under Supported Employment
- Page 6- added the purpose of Health Care Coordination
- Page 6 - removed requirement for Medicaid PA for HCC provision.
- Page 8 - Added to "activities allowed" (seminars, conferences) and "not allowed" (meals airfare, hotel) for Family and Caregiver Training
- Page 10 - Changed definition of Recreational Therapy
- Page 11 - Added that supplies for Music Therapy should be purchased under Specialized Medical Equipment and Supplies
- Page 11, removed "other mental health professionals" from qualifications for psychologist
- Page 11 - Nutritional Counseling is provided by a "Dietician", not a "Nutritionist."
- Page 12 - Added the provision of crisis intervention within a residential setting other than the usual place of residence
- Page 13 - Added that special equipment for Music Therapy is covered under Specialized Medical Equipment and Supplies
- Page 15-16 - Add Adult Foster Care

### **Section 5**

- Page 2 - added "Driver". Removed statement that a "hab plan" must be completed by a QMRP.
- Page 5 - added "IC" to code cites under Psychological Therapy and Nutritional Counseling.
- Page 7 - added requirements for Rehabilitation Engineer and added the requirement of a working knowledge of ADA regulations.
- Page 7 - added "IC" to code cites under Transportation.
- Page 9 - added Parent and Family Members
- Page 10 - added Adult Foster Care

### **Section 6**

- Page 1 - Added information regarding fiscal intermediaries. Added rates for new services.

### **Section 7**

- Pages 2-4 - removed "routine" and "non-routine" differentiation and removed OMPP review/approval as part of LOC process (except for children under 5 and W198s, W199s. Changes are made to what constitutes a level of care packet. Indicated that DDP may be completed by case manager or designee. Added clarification that DDP is done annually with 450B.
- Pages 6-7 - added children under 5 and W197/W198 level of care decisions must be submitted to OMPP
- Page 10 - added "low income" as an eligibility group
- Page 12 - Added a location where records of evaluations and re-evaluations should be maintained.
- Pages 4-17 - Section 7 is shortened due to revisions.

### **Section 8**

- Page 1 - first paragraph - "draft" is added.
- Page 5 - second paragraph after "a)" - "within" is removed.
- Page 5 - added "low income" as an eligibility group.
- Page 6 - first paragraph after "2)" - added "The DDP must be done annually". Removed references to "routine" and "non-routine" level of care determinations. Added process for individuals under 5.
- Page 7 - removed text in Section 8.5. Now refers to Section 7.10.
- Page 11 - Added *Level of Care Review Form* to attached waiver forms.
- Pages 9-11 - Section is shortened due to revisions.

### **Section 9**

- Page 1 - Section 9.1.3 Compliance - typo is corrected - "wit" to : "with".

### **Section 10**

- Appeal Process - entire section has been re-written.

### **Section 17**

- Who's Who revised.

### **Section 18**

- Added "Instructions for completing the Developmental Disabilities Profile and Addendum for Children Ages 5-10.

### **Section 19**

- Services that require prior authorization under the Medicaid State Plan.